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LICENSE NUMBER: 043000005		CITY OR TOWN	FRANKLIN
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: ROME RESTAURA DOING BUSINESS A ADDRESS 4 EAST CENTRAL ST.	ANT INC.		
CITY/TOWN: FRANKLIN	STATE: MA	ZIP CODE:	02038
MANAGER: COLACE, JIM TYPI	E OF LICENSE: Res	taurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEI	SSITE AND ENTER YOUR EM	AIL ADDRESS	
GROUND FLOOR BAR AREA, 2 TOILE BASEMENT. KITCHEN # 2 AND STOR.	TS,4 EXITS; GROU	IND FLOOR, DINI	ING ROOM,
I hereby certify and swear under penalties of	of perjury that:		
1. the renewed license will be of the	ne same type for the	same premises now	licensed;
<ul><li>2. the licensee has complied with a</li><li>3. the premises are now open for b</li></ul>		_	o taxes; and
SIGNED BY Individual, Partner of	or Authorized Corpo	rate Officer	
DATE: TELEPHONE	NUMBER:		R IDENTIFICATION NUMBER:
We the undersigned, attest that we are in Acts of 2004, signed by the building inspirate and license and (2) the certificate of 1 of 2010.	ector and the head	of the fire departs	ment for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	SING AUTHORITY
DATE:			



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LICENSE NUMBER	:043000012		CITY OR TO	WN FRANKLII	N
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	AVOCADO, INC.				
DOING BUSINESS A	A ACAPULCO'S				
ADDRESS 013-25 M	IAIN ST.				
CITY/TOWN: FRA	NKLIN	STATE: MA	ZIP CODE	E: 02038	
MANAGER: MOR	ENO, JORGE TY	PE OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
F	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF I					
TWO ENTRANCES ONE BAR AREA. TV				REE DINING RO	OOMS,
I hereby certify and sv	wear under penalties	s of perjury that:			
1. the renewe	ed license will be of	the same type for the	same premises	now licensed;	
2. the license	e has complied with	n all laws of the Com	monwealth relati	ing to taxes; and	
3. the premis	es are now open for	business (If not expl	ain below)		
SIGNED BY	Individual Partna	r or Authorized Corp	orate Officer		
	marviduai, i artiici	of Authorized Corp.	orate Officer		
				_	
DATE:	TEL EDUO	VE	EMDI (	OYER IDENTIFICAT	TON NI IMPED
21112.	TELEPHON	IE NUMBER:		f T Individual Social S	
					-
We the undersigned Acts of 2004, signed					
named license and (of 2010.					
Please Check Below:			LOCALLIC	ENSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	in)				<del></del>
DATE:					
APPLICATION FOR RENEW	'AL MUST BE FILED BY I	LICENSEES DURING THE M	MONTH OF NOVEMB	ER (M.G.L. Ch. 138 \$ 16	5A)



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LICENSE NUI	MBER: 043000016		CITY OR TOWN	FRAINLIN
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
DOING BUSIN		DGE #2136 B.P.O.E. IN	IC.	
ADDRESS 10°		GT + TT - 3.64	an cont	00000
CITY/TOWN:	FRANKLIN	STATE: MA	ZIP CODE:	02038
MANAGER:	FICCO, MICHAEL T S.	YPE OF LICENSE: Club	C.	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION	N OF LICENSED PREM	MISES:		
1 SMALL ME' ENTRANCE &	E BLOCK & METAL BI TTING HALL,1 EMBE & EXIT ON POND STR / EXITS,1NORTH SIDI	RS LOUNGE, FULL KI EET.ENTRAANCE & I	TCHEN OFFICES EXIT ON SOUTH	& RESTRMS.
I hereby certify	and swear under penalt	ies of perjury that:		
1. the	renewed license will be	of the same type for the	same premises now	licensed;
2. the	licensee has complied w	ith all laws of the Comm	onwealth relating t	o taxes; and
3. the	premises are now open f	or business (If not expla	in below)	
SIGNED BY	Individual, Partr	ner or Authorized Corpor	rate Officer	
DATE:				
DATE.	TELEPHO	ONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
			(1/000. <u>1/02</u> III	dividual Social Security (valides)
Acts of 2004,	signed by the building	inspector and the head	of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Belo	<u>ow:</u>		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	i explain)			<del>-</del>
DATE:				
•				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 043000020		CITY OR TOWN FRA	ANKLIN
APPLICATION	N FOR RENEWAL:	Annual	LICENSED 1	FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: SOCO ROSI	E INC		
DOING BUSIN	NESS A SOCO RO	SE BAR & GRILLE		
ADDRESS 338	8 UNION ST.			
CITY/TOWN:	FRANKLIN	STATE: MA	ZIP CODE: 020	038
MANAGER:	BRIDGES, CHRISTINA	TYPE OF LICENSE: Res	staurant CATEC	GORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISI	Γ OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
	N OF LICENSED P			
		CK BLDG CONSISTING O ONT ENTRANCE AND E		BAR, STORE
I hereby certify	and swear under pe	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	same premises now licen	sed;
2. the !	licensee has complie	ed with all laws of the Comr	nonwealth relating to taxe	es; and
3. the 1	premises are now op	en for business (If not expla	ain below)	
SIGNED BY				
	Individual, I	Partner or Authorized Corpo	orate Officer	
DATE:	TELE	PHONE NUMBER:		TIFICATION NUMBER:
			(Note: NOT Individua	l Social Security Number)
Acts of 2004,	signed by the build	we are in possession (1) the ing inspector and the head cate of liquor liability insu	l of the fire department	for the above
Please Check Belo	ow:		LOCAL LICENSING	AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disammer 1				
(If disapproved	(explain)			
(If disapproved	гехріані)			



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LICENSE NUMBER: 0430000	021	CITY OR TOWN FRANKLIN	
APPLICATION FOR RENEW	'AL: Annual	LICENSED FOR 201	3
	CLASS	Y	EAR
LICENSEE NAME: NLC RE	STAURANT INC.		
DOING BUSINESS A UNION	N STREET GRILLE		
ADDRESS 371 UNION STRE	ET		
CITY/TOWN: FRANKLIN	STATE: MA	ZIP CODE: 02038	
MANAGER: CORVI, SCOT	T TYPE OF LICENSE: Re	estaurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSE	D PREMISES:		
	TRANCES AND EXITS ON U	ID THREE ROOMS BASEMENT UNION ST,ONE ENTRANCE AN EB ST	
I hereby certify and swear unde	er penalties of perjury that:		
1. the renewed license	will be of the same type for the	e same premises now licensed;	
2. the licensee has con	uplied with all laws of the Com	monwealth relating to taxes; and	
3. the premises are nov	w open for business (If not expl	ain below)	
SIGNED BY	al, Partner or Authorized Corp	arata Officar	
marvidu	ar, rarmer or Authorized Corp	orate Officer	
DATE:	ELEPHONE NUMBER:	EMPLOYER IDENTIFICATION	ON NUMBER:
11	ELEFTIONE NUMBER.	(Note: NOT Individual Social Sec	
Acts of 2004, signed by the b	uilding inspector and the hea	ne certificate required by Chapter d of the fire department for the a arance required by Chapter 116 o	bove
Please Check Below:		LOCAL LICENSING AUTHOR	RITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	BER: 043000024	•	CITY OR TOWN FRANK	KLIN
APPLICATION F	FOR RENEWAL:	Annual	LICENSED FOR	R 2013
		CLASS		YEAR
LICENSEE NAM	E: CHATHAM A	ASSOCIATES,INC.		
DOING BUSINES	SS A COLE'S TAV	VERN		
ADDRESS 553 W	VASHINGTON ST			
CITY/TOWN: F	RANKLIN	STATE: MA	ZIP CODE: 02038	
	MENDOLA, LEXIS	TYPE OF LICENSE: Rest	aurant CATEGOR	Y: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
	OF LICENSED PRI			
TOTAL OF FIVE	EXITS, AND A 30	0 X30 ADDITION AND A	RS,2 ENTRANCES DOWN A DECK AFFIXED TO THE atside area with tables, 60x60	E OUTSIDE
I hereby certify an	nd swear under pena	alties of perjury that:		
1. the ren	ewed license will b	e of the same type for the s	same premises now licensed;	
2. the lice	ensee has complied	with all laws of the Commo	onwealth relating to taxes; a	nd
3. the pre	mises are now oper	n for business (If not explai	n below)	
SIGNED BY	Individual. Pa	rtner or Authorized Corpor	rate Officer	
DATE:	TELEPI	HONE NUMBER:	EMPLOYER IDENTIFI	CATION NUMBER:
	I DEEL I	TOTAL INDIVIDUAL.	(Note: NOT Individual Soc	ial Security Number)
Acts of 2004, sig	ned by the buildin	g inspector and the head	certificate required by Ch of the fire department for ance required by Chapter	the above
Please Check Below:			LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved ex	хріаіп)			
			-	
DATE:				



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LICENSE NUI	MBER: 043000027	C	ITY OR TOWN FR	ANKLIN
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE NA DOING BUSIN	AME: Let's Eat (Franklin NESS A Three	), LLC		
ADDRESS 46	1 WEST CENTRAL ST.			
CITY/TOWN:	FRANKLIN	STATE: MA	ZIP CODE: 02	038
MANAGER:	Ravella, Brian R TY	PE OF LICENSE: Restar	urant CATE	GORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EMAI	L ADDRESS	
2 STORY WO CONSISTING RECEPTION A	N OF LICENSED PREMI OD FRAME STUCCO BI OF 2 DINING ROOMS, AREA, PLUS TWO REST NTRANCE AND EXITS S	LDG WITH SEVEN RO KITCHEN, OFFICE,ST TROOMS, PARTIAL CH	ORAGE AND LOUN ELLAR TO BE USED	GE AND FOR
1. the 2. the	and swear under penalties renewed license will be of licensee has complied with premises are now open for	the same type for the same all laws of the Common	nwealth relating to tax	
SIGNED BY	Individual, Partne	r or Authorized Corpora	te Officer	
DATE:	TELEPHON	NE NUMBER:		NTIFICATION NUMBER: al Social Security Number)
Acts of 2004,	rsigned, attest that we are signed by the building in e and (2) the certificate o	spector and the head o	f the fire department	for the above
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING By:	AUTHORITY
DATE:				



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	CITY OR TOWN FRANKLIN
nnual	LICENSED FOR 2013
LASS	YEAR
RAL STRE	EET, INC.
5 364	TID GODE 00000
	ZIP CODE: 02038
ENSE: Res	staurant CATEGORY: All Alcohol
TER YOUR EM	MAIL ADDRESS
	LLAR FOR STORAGE,WITH 'H ONE REAR DOOR FOR DELIVERY
that:	
pe for the	same premises now licensed;
the Comm f not expla	nonwealth relating to taxes; and ain below)
zed Corpo	orate Officer
ER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
d the head	e certificate required by Chapter 304 of the d of the fire department for the above rance required by Chapter 116 of the Acts
	LOCAL LICENSING AUTHORITY By:
	E: MA ENSE: Res  WIER YOUR ET  USED, CE EEAR WIT  that:  ype for the f the Comr  If not explain  ER:  Sion (1) the d the head



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 043000030		CITY OR TO	WN FRANKL	IIN .
APPLICATION FOR	RENEWAL:	Annual	LI	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS	A VILLAGE MA	ALL LIQUORS			
ADDRESS 60 FRAN	IKLIN VILLAGI	E DRIVE			
CITY/TOWN: FRA	NKLIN	STATE: MA	ZIP CODI	E: 02038	
	RITY, TARD M.	ΓΥΡΕ OF LICENSE:	Package Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
j	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF I					
CONSISTING OF 35 RETAIL SALES AN		ITRANCE AND ONE	E EXIT AT FRON	T OF PREMISE	S. FOR
2. the license	ee has complied vees are now open	of the same type for the vith all laws of the Conformation for business (If not expected the conformation of the conformation of the conformation of the conformation of the same type for the conformation of	mmonwealth relat		
	Individual, Part	ner or Authorized Con	rporate Officer		
DATE:	TELEPH	ONE NUMBER:		OYER IDENTIFICA $f T$ Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LIC By:	ENSING AUTH	IORITY
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:: 043000032		CITY OR TOWN	FRANKLI	N
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 333 EAS	A	UORS,INC			
CITY/TOWN: FRA	NKLIN	STATE: N	IA ZIP CODE:	02038	
MANAGER: Lenzi	, Michael J TY	PE OF LICENSE	:Package Store C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
]	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YO	UR EMAIL ADDRESS		_
DESCRIPTION OF I	LICENSED PREM	ISES:			
TWO STORAGE BL LEFT SIDE AND ON			2 IN FRONT, ONE IN R	BACK,ONE	ON
I hereby certify and s	wear under penaltie	es of perjury that:			
1. the renew	ed license will be o	f the same type for	the same premises now	licensed;	
2. the license	ee has complied wit	th all laws of the C	ommonwealth relating t	o taxes; and	
3. the premis	ses are now open fo	or business (If not e	explain below)		
SIGNED BY	Individual, Partne	er or Authorized C	orporate Officer		
DATE:	TELEPHO	NE NUMBER:			ION NUMBER:
			(Note: NOT Inc	lividual Social S	ecurity Number)
DI CLIDI					
Please Check Below: APPROVED:			LOCAL LICENS	SING AUTHO	ORITY
DISAPPROVED:			By:		
(If disapproved expla	in)				
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043	3000033		CITY	OR TOW	N FRANKLI	N
APPLICATION FOR RE	NEWAL:	Annual		LICE	ENSED FOR 2	013
		CLASS				YEAR
LICENSEE NAME: SH	AW'S SUPERMAR	KETS INC.				
DOING BUSINESS A SI	HAW'S SUPERMA	RKET				
ADDRESS 255 EAST CE	ENTRAL STR					
CITY/TOWN: FRANKI	LIN	STATE:	MA Z	IP CODE:	02038	
MANAGER: BURNS, J	JAMES M. TYPE C	F LICENSI	E:Package S	Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PLEAS	E ALSO VISIT OUR WEBSIT	E AND ENTER Y	OUR EMAIL ADI	DRESS		
DESCRIPTION OF LICE	ENSED PREMISES:					
STAND ALONE, ONE S EMERGENCY EXITS DIRECTLY IN BACK OF	ONE LOCATED IN					
I hereby certify and swear	under penalties of r	erjury that:				
• •	cense will be of the s	•	r the same j	premises no	w licensed;	
2. the licensee ha	s complied with all l	aws of the	Commonwe	alth relating	g to taxes; and	
3. the premises ar	re now open for busi	ness (If not	explain bel	ow)		
SIGNED BY						
Ind	lividual, Partner or A	Authorized (	Corporate O	fficer		
DATE:	TELEPHONE N	UMBER:		EMPLOY	ER IDENTIFICA	TION NUMBER:
				(Note: NOT	Individual Social	Security Number)
Please Check Below:			LO		NSING AUTH	ODITY
APPROVED:			By:	CAL LICE	NSING AU III	OKITI
DISAPPROVED:			2).			
(If disapproved explain)						
D. ATTE						
DATE:						



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	043000034		CITY OR TOV	VIN FRANKLI	IN
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A			.S		
ADDRESS 317 UNIO	N ST				
CITY/TOWN: FRAN	IKLIN	STATE: MA	ZIP CODE	: 02038	
MANAGER: PATE	L, JACK T	YPE OF LICENSE:Pa	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREM	MISES:			
APPROX 4500 SQ FT STORAGE ROOM A			UNION ST WAL	K IN COOLER,	,
	s are now open f	ith all laws of the Comor business (If not exp	lain below)	ng to taxes; and	
DATE:	TELEPHO	ONE NUMBER:		YER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	] n)		LOCAL LICE By:	ENSING AUTH	ORITY
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 043000035		CITY OR TO	WN FRANKLI	N
APPLICATION FOR	RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 660 WES	A	ΓΙΟΝ			
CITY/TOWN: FRA	NKLIN	STATE: MA	ZIP COD	E: 02038	
MANAGER: Julaki	s, George TYP	E OF LICENSE:P	ackage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
F	LEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF I	ICENSED PREMIS	ES:			
SINGLE LEVEL GA MECHANICAL ROO FACILITY. SEGREO COUNTER AND CA	OMS IN REAR. ENT GATED AREA WIT	RANCE AND EX H A 3 DOOR COO	IT LOCATED I DLER, WINE RA	N THE FRONT C ACKS, SHELVES	)F
2. the license	ed license will be of the has complied with the es are now open for l	he same type for the all laws of the Con	nmonwealth rela		
SIGNED BY	Individual, Partner	or Authorized Corp	oorate Officer		
DATE:	TELEPHONI	E NUMBER:		OYER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LIG	CENSING AUTH	ORITY
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 043000036		CITY OR TOWN FRANKL	AIN
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSI	AME: T.D. BEVERA NESS A 4 UNION STREET	AGE, INC		
CITY/TOWN:	FRANKLIN	STATE: MA	ZIP CODE: 02038	
MANAGER:	GELINEAU, CHRISTOPHER T.	TYPE OF LICENSE:Pa	ackage Store CATEGORY	: Wine and Malt Regular
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PRI	EMISES:		
ONE FRONT	EXIT AND ONE REA	AR EXIT		
2. the	licensee has complied premises are now open	* *		1
DATE:	TELEPI	HONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AUTI By:	HORITY
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 043000037		CITY OR TOWN	FRANKLIN
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS		WORLD		
ADDRESS 365 W C	CENTRAL ST			
CITY/TOWN: FRA	ANKLIN	STATE: MA	ZIP CODE:	02038
	NNIDES, TY	TE OF LICENSE: P	Package Store Ca	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR	EMAIL ADDRESS	
OCCUPYING AN A THREE EXITS IN THREE EXITS IN THE Interest of t	BE USED, ONE FO AREA OF 15,800 FT THE REAR OF THE swear under penaltie wed license will be of	R STORAGE AND T. THERE IS AN EN E BLDG es of perjury that: f the same type for the h all laws of the Con	ONE FOR SALES,ONTRANCE AND EXIT one same premises now immonwealth relating to plain below)	T IN FRONT AND licensed;
SIGNED BY	Individual, Partne	er or Authorized Cor	porate Officer	
DATE:	TELEPHO	NE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:043000038		CITY OR TOWN FRANK	LIN
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	FERRARA IMP	ORTS, INC.		
DOING BUSINESS	A FERRARA'S N	MARKET		
ADDRESS 20 WEST	CENTRAL ST.			
CITY/TOWN: FRA	NKLIN	STATE: MA	ZIP CODE: 02038	
MANAGER: DEGA JOSE		YPE OF LICENSE: Pa	ackage Store CATEGOR	Y: Wine and Malt Regular
EMAIL ADDRESS:				
1	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF I				
SINGLE STORY CO ROOM, OFFICE AN			BRICK FRONT THREE ROOM	MS, STOCK —
	-	rith all laws of the Comfor business (If not exp	nmonwealth relating to taxes; and	d
2.00.22	Individual, Parti	ner or Authorized Corp	porate Officer	
DATE:	TELEPH(	ONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICENSING AUT By:	THORITY
DATE:			-	



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 043000039		CITY OR TOWN	FRANKLI	N
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: BRUNELLI INDUS	TRIES, INC.			
DOING BUSINESS	S A ANNE'S MARKE	Γ			
ADDRESS 451 WE	EST CENTRAL ST				
CITY/TOWN: FR	ANKLIN	STATE: MA	ZIP CODE:	02038	
MANAGER: BRUA.	JNELLI, MARK TYPI	E OF LICENSE:Pa	ckage Store C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WEI	SSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMIS	ES:			
	DING LOCATED ON ANCE AND EXIT AT				EADING
	swear under penalties	of periury that:			
	wed license will be of the		e same premises now	licensed;	
	see has complied with a	* *	-		
	ises are now open for b		_		
SIGNED BY					
	Individual, Partner of	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLOYE	R IDENTIFICAT	TION NUMBER:
			(Note: NOT In	dividual Social S	Security Number)
Please Check Below:			LOCAL LICENS	CINIC ALITHI	ODITV
APPROVED:			By:	SING AUTH	OKII I
DISAPPROVED:			By.		
(If disapproved exp	lain)				
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 043000044		CITY OR TOWN	FRANKLI	N
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAMI	E: MOKSH LLC				
DOING BUSINES	SS A DACEY'S MA	ARKET			
ADDRESS 345 LI	NCOLN STREET				
CITY/TOWN: FF	RANKLIN	STATE: MA	A ZIP CODE:	02038	
MANAGER: PA	TEL, SWETAL 7	TYPE OF LICENSE:	Package Store C.	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOU	R EMAIL ADDRESS		-
DESCRIPTION O	F LICENSED PRE	MISES:			
		ING 2,700 SQ.FT. E AND RAMP IN REA	NTRANCE AND RAI R OF BLDG.	MP IN RIGH	T
I hereby certify and	d swear under penal	ties of perjury that:			
1. the rene	ewed license will be	of the same type for t	the same premises now	licensed;	
2. the lices	nsee has complied w	vith all laws of the Co	mmonwealth relating t	o taxes; and	
3. the prer	nises are now open	for business (If not ex	xplain below)		
SIGNED BY					
	Individual, Part	ner or Authorized Co	rporate Officer		
DATE:	TELEPHO	ONE NUMBER:			ION NUMBER:
			(Note: NOT Inc	lividual Social S	ecurity Number)
Please Check Below:	_		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved exp	plain)				
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 04	3000046		CIT	Y OR TOWN	FRANKLII	N
APPLICATION FOR RE	ENEWAL:	Annu	al	LICEN	SED FOR 20	)13
		CLAS	SS			YEAR
LICENSEE NAME: M.	APLEGATE CO	UNTRY CLU	B, INC.			
DOING BUSINESS A N	MAPLEGATE C	OUNTRY CL	UB			
ADDRESS 160 MAPLE	STREET					
CITY/TOWN: FRANK	LIN	STATE:	MA	ZIP CODE:	02038	
MANAGER: D'AMEL R.	IO, PAUL TYF	PE OF LICEN	SE:Restaura	ant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	SE ALSO VISIT OUR WI		YOUR EMAIL A	DDRESS		-
DESCRIPTION OF LICI						D.C.V.
ONE STORY BLDG., W AREA.			ID REAR E	EXIT, WITH E	XTERIOR D	ECK 
I hereby certify and swea  1. the renewed li  2. the licensee ha	icense will be of as complied with	the same type all laws of the	for the same Commonw	ealth relating t		
3. the premises a	are now open for	business (If no	ot explain be	elow)		
SIGNED BY						
	dividual, Partner	or Authorized	Corporate	Officer		
DATE:	TELEPHON	E NUMBER:				TON NUMBER:
				(Note: NOT Inc	lividual Social S	ecurity Number)
We the undersigned, at Acts of 2004, signed by named license and (2) t of 2010.	the building ins	spector and th	e head of t	he fire depart	ment for the	above
Please Check Below:			LO	OCAL LICENS	SING AUTHO	ORITY
APPROVED:			Ву	y:		
DISAPPROVED: (If disapproved explain)			_			
			_			
DATE:			_			



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	043000049		CITY OR TOWN	FRANKLI	N
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	CHANG SHEN IN	C.			
DOING BUSINESS A	A HANG TAI RES	ΓAURANT			
ADDRESS 026-30 EA	AST CENTRAL ST	REET			
CITY/TOWN: FRAM	NKLIN	STATE: MA	ZIP CODE:	02038	
MANAGER: CHEN	I, DE XIANG TYI	PE OF LICENSE: R	estaurant Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF L	LEASE ALSO VISIT OUR WI ICENSED PREMIS		EMAIL ADDRESS		
I hereby certify and sv	vear under penalties	of perjury that:			
1. the renewe	d license will be of	the same type for th	e same premises now	licensed;	
2. the license	e has complied with	all laws of the Com	nmonwealth relating to	taxes; and	
3. the premise	es are now open for	business (If not exp	lain below)		
SIGNED BY					
	Individual, Partner	or Authorized Corp	oorate Officer		
D.A.TE					
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: <b>NOT</b> Ind		CION NUMBER: Security Number)
					•
We the undersigned Acts of 2004, signed named license and (2010.	by the building ins	spector and the hea	nd of the fire departi	nent for the	above
Please Check Below:			LOCAL LICENS	ING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain	n)				
(11 disappiored explai	11 <i>)</i>				
DATE:					_



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043000052	(	CITY OR TOWN FRANKLIN	N
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20	013
	CLASS		YEAR
LICENSEE NAME: BBRG TR,LLC			
DOING BUSINESS A JOE'S AMERIC	AN BAR & GRILL		
ADDRESS 466 KING STREET			
CITY/TOWN: FRANKLIN	STATE: MA	ZIP CODE: 02038	
MANAGER: FORBES, KENDRA TY	PE OF LICENSE: Resta	category:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMA	IL ADDRESS	_
PATIO AREA IN FRONT OF THE RE ACCESSIBLE FROM INSIDE THE RE LOUNGE AND DINING AREAS IN F ENT/EXIT IN FRONT,3 EXITS AT SI	ESTAURANT SINGLE I RONT; KITCHEN, MEO DE	LEVEL RESTAURANT WITH	H
1. the renewed license will be o     2. the licensee has complied wir     3. the premises are now open for	f the same type for the sa th all laws of the Commo	onwealth relating to taxes; and	
SIGNED BY Individual, Partne	er or Authorized Corpora	ate Officer	
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICAT (Note: NOT Individual Social S	
We the undersigned, attest that we an Acts of 2004, signed by the building is named license and (2) the certificate of 2010.	nspector and the head o	of the fire department for the	above
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)		LOCAL LICENSING AUTHOBY:	ORITY
DATE:			



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 043000054		CITY OR TOWN	FRANKLIN	1
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME	E: TTN THAI FOOI	O, INC.			
DOING BUSINES	S A PEPPER TERR	ACE RESTAURANT	Γ		
ADDRESS 400 FR	RANKLIN VILLAGE	DRIVE			
CITY/TOWN: FF	RANKLIN	STATE: MA	ZIP CODE:	02038	
MANAGER: WO	ONG, VIRAT TY	PE OF LICENSE:R	estaurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR	EMAIL ADDRESS		ī
	F LICENSED PREM				
ADDITIONAL EX	E RESTAURANT W/ KIT ONLY AT THE F NT SEATS 70 PEOP! RESTROOM.	RONT. THERE AR	E TWO RESTROOM	IS IN THE F	
I hereby certify and	d swear under penaltie	es of perjury that:			
	ewed license will be or	• •	-		
	nsee has complied wit			taxes; and	
3. the prer	nises are now open fo	r business (If not exp	olain below)		
SIGNED BY	Individual, Partne	er or Authorized Corp	oorate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPLOYER (Note: NOT Ind		ION NUMBER: ecurity Number)
Acts of 2004, sign	ned, attest that we ar ned by the building in d (2) the certificate o	spector and the hea	ad of the fire departr	nent for the	above
Please Check Below:	_		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved exp	Ll plain)				
(II disupproved exp	ermit)				
DATE:					



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LICENSE NUMBER: 0	43000056		CI	I Y OK TOWN	FRAINKLI	IN
APPLICATION FOR R	ENEWAL:	Annual	I	LICE	NSED FOR 2	013
		CLASS	S			YEAR
LICENSEE NAME: R	ARE HOSPITA	LITY INTERNA	TIONAL	, INC.		
DOING BUSINESS A	LONGHORN S	TEAKHOUSE O	F FRANI	KLIN		
ADDRESS 250 FRAN	KLIN VILLAGI	E DRIVE				
CITY/TOWN: FRANI	KLIN	STATE:	MA	ZIP CODE:	02038	
MANAGER: McHenn Robert	ry, Jason TY	PE OF LICENS	E:Restau	rant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLE	ASE ALSO VISIT OUR	WEBSITE AND ENTER Y	OUR EMAIL	ADDRESS		
DESCRIPTION OF LIC	CENSED PREM	ISES:				
FULL RESTAURANT DINING ROOM AND EXIT FOR EMERGEN HANDICAP REST RO	LOUNGE, SEA' CY USE, REAR	TING FOR 231.F	RONT E	NTRANCE FO	OR PUBLIC,	SIDE
I hereby certify and swe	ar under penalti	es of perjury that:				
1. the renewed	license will be o	f the same type for	or the sam	ne premises nov	w licensed;	
2. the licensee	has complied with	th all laws of the	Common	wealth relating	to taxes; and	
3. the premises	are now open for	or business (If not	explain b	pelow)		
SIGNED BY	ndividual, Partn	er or Authorized (	Corporate	Officer		
DATE:	TELEPHO	NE NUMBER:		EMPLOYE	R IDENTIFICA	ΓΙΟΝ NUMBER:
				(Note: NOT In	ndividual Social S	Security Number)
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010.	y the building i	nspector and the	head of	the fire depar	tment for the	above
Please Check Below: APPROVED:				OCAL LICEN by:	SING AUTH	ORITY
DISAPPROVED:						
(If disapproved explain)	1		=			
			=			
DATE:			-			



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043000057	CITY	OR TOWN FRA	ANKLIN
APPLICATION FOR RENEWAL:	Annual	LICENSED	FOR 2013
	CLASS		YEAR
LICENSEE NAME: FRANKLIN COUNTR	RY CLUB, INC.		
DOING BUSINESS A FRANKLIN COUNT	CRY CLUB		
ADDRESS 672 EAST CENTRAL STREET			
CITY/TOWN: FRANKLIN	STATE: MA Z	IP CODE: 020	038
MANAGER: MITCHEL, MICHAETYPE CL	OF LICENSE: Restauran	t CATEO	GORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSIT	TE AND ENTER YOUR EMAIL ADI	DRESS	
DESCRIPTION OF LICENSED PREMISES	:		
I hereby certify and swear under penalties of I			
1. the renewed license will be of the			
<ul><li>2. the licensee has complied with all</li><li>3. the premises are now open for bus</li></ul>		_	es; and
5. the premises are now open for bus.	mess (ii not explain ber	Sw)	
SIGNED BY			
SIGNED BY Individual, Partner or A	Authorized Corporate O	fficer	
	Authorized Corporate O	fficer	
	Authorized Corporate O	fficer	
			ITIFICATION NUMBER:
Individual, Partner or A	UMBER:	EMPLOYER IDEN	ITIFICATION NUMBER: I Social Security Number)
Individual, Partner or A	UMBER: possession (1) the certifictor and the head of the	EMPLOYER IDEN (Note: <b>NOT</b> Individua  ficate required by the fire department	Chapter 304 of the for the above
DATE: TELEPHONE N  We the undersigned, attest that we are in p Acts of 2004, signed by the building inspect named license and (2) the certificate of liqu of 2010.  Please Check Below:	TUMBER:  possession (1) the certicator and the head of the lead of	EMPLOYER IDEN (Note: <b>NOT</b> Individua  ficate required by the fire department	Chapter 304 of the for the above oter 116 of the Acts
Individual, Partner or A  DATE: TELEPHONE N  We the undersigned, attest that we are in p Acts of 2004, signed by the building inspect named license and (2) the certificate of liquid of 2010.  Please Check Below: APPROVED:	TUMBER:  possession (1) the certicator and the head of the lead of	EMPLOYER IDEN (Note: <u>NOT</u> Individua ficate required by e fire department required by Chap	Chapter 304 of the for the above oter 116 of the Acts
Individual, Partner or A  DATE:  TELEPHONE N  We the undersigned, attest that we are in p Acts of 2004, signed by the building inspect named license and (2) the certificate of liqu of 2010.  Please Check Below: APPROVED:  DISAPPROVED:	TUMBER:  possession (1) the certicator and the head of the uor liability insurance	EMPLOYER IDEN (Note: <u>NOT</u> Individua ficate required by e fire department required by Chap	Chapter 304 of the for the above oter 116 of the Acts
Individual, Partner or A  DATE: TELEPHONE N  We the undersigned, attest that we are in p Acts of 2004, signed by the building inspect named license and (2) the certificate of liquid of 2010.  Please Check Below: APPROVED:	TUMBER:  possession (1) the certicator and the head of the uor liability insurance	EMPLOYER IDEN (Note: <u>NOT</u> Individua ficate required by e fire department required by Chap	Chapter 304 of the for the above oter 116 of the Acts
Individual, Partner or A  DATE:  TELEPHONE N  We the undersigned, attest that we are in p Acts of 2004, signed by the building inspect named license and (2) the certificate of liqu of 2010.  Please Check Below: APPROVED:  DISAPPROVED:	TUMBER:  possession (1) the certicator and the head of the uor liability insurance	EMPLOYER IDEN (Note: <u>NOT</u> Individua ficate required by e fire department required by Chap	Chapter 304 of the for the above oter 116 of the Acts



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 043000059		CITY OR TOWN	FRANKLIN
APPLICATION F	OR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAM	E: DeVITA'S INC	· ·		
DOING BUSINES	SS A DEVITA'S M	ARKET		
ADDRESS 198 E	AST CENTRAL ST			
CITY/TOWN: F	RANKLIN	STATE: MA	ZIP CODE:	02038
	ONNOVAN, ICHAEL J/S	TYPE OF LICENSE:P	ackage Store Ca	ATEGORY: All Alcohol
EMAIL ADDRES	S:			
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION O	F LICENSED PRE	MISES:		
		R FOR STORAGE TO EXIT ON EAST CENT		
	mises are now open	with all laws of the Corfor business (If not expense) tner or Authorized Cor	olain below)	o taxes; and
DATE:	TELEPH	IONE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Please Check Below: APPROVED:			LOCAL LICENS By:	SING AUTHORITY
DISAPPROVED: (If disapproved ex				
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	043000060		CITY OR TOW	N FRANKLI	N
APPLICATION FOR	RENEWAL:	Annual	LICI	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A					
ADDRESS 470 KING	ST				
CITY/TOWN: FRAN	IKLIN	STATE: MA	ZIP CODE:	02038	
MANAGER: CRISI M.	LEO,JUDITH TYP	E OF LICENSE:P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
Pl	LEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMIS	ES:			
SINGLE STORY COI SALES AREA. TWO			64 SQFT. STOCK	ROOM, OFFIC	CE AND
2. the licensee	d license will be of the has complied with as are now open for	all laws of the Con	nmonwealth relatin		
SIGNED BY	Individual, Partner	or Authorized Cor	oorate Officer		
DATE:	TELEPHONI	E NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	] n)		LOCAL LICE By:	NSING AUTH	ORITY
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043	000062		CITY (	OR TOWN	FRANKLII	N
APPLICATION FOR REN	NEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS	S			YEAR
LICENSEE NAME: BRI DOING BUSINESS A IN ADDRESS 860 WEST CE	CONTRO RES	STAURANT &				
CITY/TOWN: FRANKL			MA ZII	P CODE:	02038	
MANAGER: GRECO, J	,					All Alcohol
EMAIL ADDRESS:						
DESCRIPTION OF LICE TWO STORY STONE AN RESTAURANT AND 158 SEATING IS 186.	NSED PREMIS	DG. 11,393 SQ	.FT. FIRST F	LOOR IS 3	_	
I hereby certify and swear  1. the renewed lice 2. the licensee has 3. the premises are	ense will be of scomplied with	the same type for	or the same pr Commonweal	th relating		
SIGNED BY Indi	ividual, Partner	or Authorized (	Corporate Off	ficer		
DATE:	TELEPHON	E NUMBER:	1)			CION NUMBER:
We the undersigned, atto Acts of 2004, signed by t named license and (2) th of 2010.	he building ins	spector and the	head of the	fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOC. By:	AL LICEN	SING AUTHO	ORITY
DATE:						



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00063	CITY OR TOWN FRAN	IKLIN
EWAL: Annual	LICENSED FO	OR 2013
CLASS		YEAR
estaurant of Boston, LLC		
Restaurant		
tral St		
N STATE: M	IA ZIP CODE: 02038	3
RI, TYPE OF LICENSE	:Restaurant CATEGO	RY: All Alcohol
ALSO VISIT OUR WEBSITE AND ENTER YO	UR EMAIL ADDRESS	
SED PREMISES:		
		r, take out
nder penalties of perjury that:		
nse will be of the same type for	the same premises now licensed	d;
complied with all laws of the C	ommonwealth relating to taxes;	and
now open for business (If not e	explain below)	
ridual, Partner or Authorized Co	orporate Officer	
TELEPHONE NUMBER:	EMPLOYER IDENTII	FICATION NUMBER:
	(Note: NOT Individual So	ocial Security Number)
e building inspector and the l	nead of the fire department for	r the above
	LOCAL LICENSING AU	JTHORITY
	By:	
	·	
	EWAL: Annual CLASS estaurant of Boston, LLC Restaurant tral St  N STATE: MELSO VISIT OUR WEBSITE AND ENTER YOUR SED PREMISES: with 167 seats, lounge/bar area are parea, dishwashing area,dress ander penalties of perjury that: as ewill be of the same type for complied with all laws of the Composite of the same type for complied with all laws of the Composite of the same type for complied with all laws of the Composite of the same type for complied with all laws of the Composite of the same type for complied with all laws of the Composite of the same type for the same type for complied with all laws of the Composite of the same type for	EWAL: Annual LICENSED FO CLASS  Estaurant of Boston, LLC  Restaurant  tral St  N STATE: MA ZIP CODE: 02033  EL, TYPE OF LICENSE: Restaurant CATEGO  ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  SED PREMISES:  with 167 seats, lounge/bar area with 24 seats, waiting area, foye exp area, dishwashing area,dressing room, manager's office under penalties of perjury that:  ase will be of the same type for the same premises now licensed complied with all laws of the Commonwealth relating to taxes; now open for business (If not explain below)  TELEPHONE NUMBER: EMPLOYER IDENTIFY (Note: NOT Individual Seat that we are in possession (1) the certificate required by Ce building inspector and the head of the fire department for certificate of liquor liability insurance required by Chapter



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LICENSE NUMBER: 043000065		CITY OR TOWN FRANKLI	IN .
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	.013
	CLASS		YEAR
LICENSEE NAME: Pu Yong, Inc			
DOING BUSINESS A Bamboo House			
ADDRESS 2 Main St			
CITY/TOWN: FRANKLIN	STATE: MA	ZIP CODE: 02038	
MANAGER: Juan, Chun Fa TY	PE OF LICENSE: Res	staurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LICENSED PREMI			
first floor premise containing approx 185 entrance in front and rear exit in kitchen		ining room and kitchen with one	e main
I hereby certify and swear under penaltie	s of perjury that:		
1. the renewed license will be of	f the same type for the	same premises now licensed;	
2. the licensee has complied wit	h all laws of the Comr	nonwealth relating to taxes; and	
3. the premises are now open for	r business (If not expla	ain below)	
SIGNED BY Individual, Partne	er or Authorized Corpo	orate Officer	
DATE: TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICA	TION NUMBER:
		(Note: NOT Individual Social S	Security Number)
We the undersigned, attest that we ar	o in noccoccion (1) th	o cortificato required by Chapt	tor 301 of the
Acts of 2004, signed by the building in			
named license and (2) the certificate of 2010.	f liquor liability insu	rance required by Chapter 11	6 of the Acts
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	OMTI
DISAPPROVED:		•	
(If disapproved explain)			
DATE:			
APPLICATION FOR RENEWAL MUST BE FILED BY	LICENSEES DURING THE M	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 1	16A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 043000066		CITY OF	R TOWN	FRANKLIN	N
APPLICATION FO	OR RENEWAL:	Annual		LICENS	SED FOR 20	)13
		CLASS				YEAR
	: Caridi Brothers K	-	ny, Inc			
CITY/TOWN: FR		STATE: N	// 7IP (	CODE:	02038	
MANAGER: Gra		YPE OF LICENSE			ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR		OUR EMAIL ADDRES	S		
	F LICENSED PREM					
•	with 3400 sq ft with swear under penaltic		. 4 doors			
	see has complied wi uises are now open fo Individual, Partn		explain below)	)	taxes; and	
DATE:	TELEPHO	NE NUMBER:				ION NUMBER: ecurity Number)
Acts of 2004, signe	ed, attest that we are ed by the building i	nspector and the	head of the fir	re departn	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	lain)		LOCAI By:	L LICENS	ING AUTHO	ORITY
DATE:						



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043000067	C	ITY OR TOWN FRANKLIN
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: GILL N. SIDHU,	, LLC	
DOING BUSINESS A GURU		
ADDRESS 30 MAIN STREET		
CITY/TOWN: FRANKLIN	STATE: MA	ZIP CODE: 02038
MANAGER: GILL, JAGTAR TY	YPE OF LICENSE: Restat	urant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMAI	L ADDRESS
DESCRIPTION OF LICENSED PREM	IISES:	
3 ROOMS, KITCHEN, LOUNGE/BAR STORAGE(BASEMENT) .ONE FRON CAPACITY 80-		
I hereby certify and swear under penaltic	es of perjury that:	
1. the renewed license will be o	* *	•
2. the licensee has complied wi		_
3. the premises are now open for	or business (If not explain	below)
SIGNED BY Individual, Partne	er or Authorized Corpora	te Officer
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
12221110	1,21,01,221	(Note: <u>NOT</u> Individual Social Security Number)
Acts of 2004, signed by the building i	nspector and the head o	ertificate required by Chapter 304 of the f the fire department for the above nce required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED: (If disapproved explain)		
(11 disapproved expiaiii)		
DATE:		



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LICENSE NUMBER: 04	-3000068		Cl	TY OR TOWN	FRANKLI	N
APPLICATION FOR RE	ENEWAL:	Annua	1	LICEN	NSED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME: M	AND C RESTA	URANT GROU	JP,INC			
DOING BUSINESS A	ALUMNI RESTA	URANT & BA	AR			
ADDRESS 391 EAST C	ENTRAL STRE	ET				
CITY/TOWN: FRANK	LIN	STATE:	MA	ZIP CODE:	02038	
MANAGER: RICHAR G.	RD,MARK TYP	E OF LICENS	E:Restau	rant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEA	SE ALSO VISIT OUR WE	EBSITE AND ENTER Y	OUR EMAIL	ADDRESS		_
DESCRIPTION OF LICE						
FULL SERVICE RESTA 28 STOOL BAR, 8 STO						BOOTHS)
I hereby certify and swea	r under penalties	of perjury that				
1. the renewed li	icense will be of t	the same type f	or the sar	ne premises nov	v licensed;	
2. the licensee h	as complied with	all laws of the	Common	wealth relating	to taxes; and	
3. the premises a	are now open for	business (If no	t explain	below)		
SIGNED BY						
In	dividual, Partner	or Authorized	Corporat	e Officer		
DATE:	TELEPHON	E NUMBER:				TION NUMBER:
				(Note: NOT In	idividual Social S	Security Number)
We the undersigned, at Acts of 2004, signed by named license and (2) t of 2010.	the building ins	pector and the	e head of	the fire depart	tment for the	above
Please Check Below:			]	LOCAL LICEN	SING AUTH	ORITY
APPROVED:			]	Ву:		
DISAPPROVED:						
(If disapproved explain)						
DATE:						



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 043000069		CITY OR TOWN FRANKLI	N
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE N. DOING BUSI ADDRESS 37	NESS A	ND CREAMERY INC		
	: FRANKLIN	STATE: MA	ZIP CODE: 02038	
MANAGER:		TYPE OF LICENSE: Resi		Wine and Malt Regular
EMAIL ADDI	RESS:			
	N OF LICENSED PR T INDOORS AND 50		TWO RESTROOMS AND A	KITCHEN
2. the	licensee has complied	* *	same premises now licensed; nonwealth relating to taxes; and in below)	
SIGNED BY	Individual, Pa	artner or Authorized Corpor	rate Officer	
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social S	
Acts of 2004,	signed by the building	ng inspector and the head	e certificate required by Chapt of the fire department for the rance required by Chapter 110	e above
Please Check Bell APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUTH By:	ORITY
DATE:			_	



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043000	070	CITY OR TOWN FRANKLI	N
APPLICATION FOR RENEW	VAL: Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: SUPER	HK, LLC		
DOING BUSINESS A MAG	URO HOUSE		
ADDRESS 29 EAST CENTR	AL STREET		
CITY/TOWN: FRANKLIN	STATE: MA	ZIP CODE: 02038	
MANAGER: FENG LEE,M	EI TYPE OF LICENSE: R	Restaurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO	O VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	_
DESCRIPTION OF LICENSE	ED PREMISES:		
		S BLOCK. FULL KITCHEN, SUS AREA,TWO RESTROOMS, FRO	
I hereby certify and swear und	er penalties of perjury that:		
1. the renewed license	will be of the same type for the	ne same premises now licensed;	
2. the licensee has cor	mplied with all laws of the Cor	nmonwealth relating to taxes; and	
3. the premises are no	ow open for business (If not exp	plain below)	
SIGNED BY Individu	ual, Partner or Authorized Cor	porate Officer	
DATE: T	ELEPHONE NUMBER:	EMPLOYER IDENTIFICAT	TION NUMBER:
		(Note: NOT Individual Social S	Security Number)
Acts of 2004, signed by the b	building inspector and the he	the certificate required by Chapt ad of the fire department for the surance required by Chapter 110	above
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
		<del></del>	
DATE:			



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0430	00071	CITY OR TOWN FRANKL	IN
APPLICATION FOR REN	EWAL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: FRA	NKLIN BBC LLC		
DOING BUSINESS A BR	ITISH BEER COMPANY		
ADDRESS 280 FRANKLI	N VILLAGE DRIVE		
CITY/TOWN: FRANKLI	N STATE: M	A ZIP CODE: 02038	
MANAGER: SCHWENE , KIMBERI	DERMAN TYPE OF LICENSE: LY P.	Restaurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE .	ALSO VISIT OUR WEBSITE AND ENTER YOU	UR EMAIL ADDRESS	
DESCRIPTION OF LICEN	ISED PREMISES:		
WAITING AREA, LOUNG		Q FT IN AREA, INCLUDING EN DINING AREA TO BE FULLY (	
I hereby certify and swear u	under penalties of perjury that:		
1. the renewed lice	nse will be of the same type for	the same premises now licensed;	
2. the licensee has	complied with all laws of the Co	ommonwealth relating to taxes; and	1
3. the premises are	now open for business (If not ex	xplain below)	
SIGNED BY Indiv	vidual, Partner or Authorized Co	orporate Officer	
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICA	
		(Note: NOT Individual Social	Security Number)
Acts of 2004, signed by th	e building inspector and the h	the certificate required by Chap lead of the fire department for th Insurance required by Chapter 11	e above
<u>Please Check Below:</u>		LOCAL LICENSING AUTH	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NUN	MBER: 043000072	(	CITY OR TOWN FRAM	NKLIN
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
	ME: FRANKLIN DE NESS A FRANKLIN C			
ADDRESS 418	WEST CENTRAL ST			
CITY/TOWN:	FRANKLIN	STATE: MA	ZIP CODE: 0203	8
MANAGER:	RAJEH, NIDAL T	YPE OF LICENSE: Resta	aurant CATEGO	ORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR EMA	IL ADDRESS	
ON STORY BI PARKING LOT PATRONS, FU	Γ, PATIO DOOR EXIT JLL GALLY KITCHEN	CE IS AT 418 W. CENTI C. INTERIOR HAS A BA I, 2 HANDICAP ACCES	RAL STREET, BACK DO R AREA, SEATING ARI SIBLE BATHROOMS.B. WEATHER PERMITS.	EA FOR 60 ACK ROOM
1. the r 2. the l	icensee has complied w	of the same type for the sa	ame premises now license onwealth relating to taxes; n below)	
SIGNED BY	Individual, Partı	ner or Authorized Corpora	ate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTI (Note: <u>NOT</u> Individual S	FICATION NUMBER:
Acts of 2004, s	signed by the building	inspector and the head	certificate required by C of the fire department fo ance required by Chapte	or the above
Please Check Belov APPROVED: DISAPPROVE (If disapproved	D:		LOCAL LICENSING A By:	UTHORITY
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:: 043000073		CITY	OR TOWN	FRANKLIN	1			
APPLICATION FOR RENEWAL:		Annua	ıl	LICENSED FOR 2013		13			
		CLAS	S		,	YEAR			
LICENSEE NAME:	ICHIGO ICHIE FRAN	NKLIN LLC							
DOING BUSINESS	A								
ADDRESS 837 W. C	CENTRAL STREET								
CITY/TOWN: FRA	NKLIN	STATE:	MA ZII	P CODE:	02038				
MANAGER: HUA	NG, MEI-ING TYPE	OF LICENS	E:Restaurant	CA	ATEGORY:	All Alcohol			
EMAIL ADDRESS:									
]	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER Y	YOUR EMAIL ADDE	RESS					
DESCRIPTION OF I	LICENSED PREMISES	S:							
TWO STORY RESTAURANT CONTAINING 7000 SQ FT INCLUDING ENTRY ATRIUM AREA, LOUNGE AREA, DINING AREA, TWO BATHROOMS, KITCHEN; THREE POINTS OF ENTRY/EGRESSSEATING FOR 210									
I hereby certify and s	wear under penalties of	perjury that	:						
1. the renewed license will be of the same type for the same premises now licensed;									
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and									
3. the premis	ses are now open for bu	siness (If no	t explain belo	w)					
SIGNED BY Individual, Partner or Authorized Corporate Officer									
	morvious, rumor or	Tidilolized	corporate on						
DATE:	TELEPHONE NUMBER:			EMPLOYER	IDENTIFICATI	ION NUMBER:			
TELEPHO		NE NUMBER.		(Note: NOT Individual Social Security Number)					
Acts of 2004, signed	d, attest that we are in I by the building inspe (2) the certificate of lig	ctor and the	e head of the	fire departn	nent for the	above			
Please Check Below:			LOC	AL LICENS	ING AUTHO	ORITY			
APPROVED:			By:	<u> </u>					
DISAPPROVED:									
(If disapproved expla	in)								
DATE:									



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LICENSE NUMBEF	R: 043000074		CITY OR TOWN	ITY OR TOWN FRANKLIN		
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013	
		CLASS			YEAR	
LICENSEE NAME:						
DOING BUSINESS						
	NKLIN VILLAGE DI	RIVE				
CITY/TOWN: FRA	ANKLIN	STATE: MA	ZIP CODE:	02038		
MANAGER: CHA	N, CHING TYPE	E OF LICENSE: R	estaurant (	CATEGORY:	All Alcohol	
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR	EMAIL ADDRESS			
ONE STORY CONT	LICENSED PREMISE CAINING APPROX. 3 STAURANT AND FU EFRIGERATOR	,908 SQ FT. ONI				
I hereby certify and s	wear under penalties of	of perjury that:				
1. the renew	ed license will be of the	e same type for th	e same premises nov	w licensed;		
	ee has complied with a		_	to taxes; and		
3. the premi	ses are now open for b	usiness (If not exp	lain below)			
SIGNED BY	Individual, Partner of	or Authorized Corp	oorate Officer			
D 4 TF						
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)			
			(110te. <u>1101</u> II	idividuai Sociai S	ecurity (vulliber)	
Acts of 2004, signed	d, attest that we are i d by the building insp (2) the certificate of l	ector and the hea	ad of the fire depar	tment for the	above	
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY	
APPROVED:			By:			
DISAPPROVED: Land (If disapproved explain)	 nin)					
( sisappio rea expir	/					
DATE:						